

# CECIL TOWNSHIP DEMOLITION PERMIT APPLICATION

(PLEASE PRINT IN INK OR TYPE)

1) Applicants Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
(Property owner)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2) The structure was used as: \_\_\_\_\_

3) Estimated cost of Demolition \$ \_\_\_\_\_ Estimated Square Feet: \_\_\_\_\_

4) Structure to be demolished is located at:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: PA Zip: \_\_\_\_\_

Tax ID No. 140- \_\_\_\_\_ Lot No. \_\_\_\_\_ Plan Name: \_\_\_\_\_

5) Contractors Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

6) How will demolition be done: \_\_\_\_\_

7) Will other properties be affected by demolition? ☐ Yes ☐ No

8) If controls to protect other properties are required, how will they be accomplished: \_\_\_\_\_

IT IS UNDERSTOOD AND AGREED THAT UPON COMPLETION OF DEMOLITION; NOTICE SHALL BE GIVEN TO THE CECIL TOWNSHIP ZONING OFFICE. IT IS ALSO AGREED THAT THE PROPERTY OWNER IS FULLY RESPONSIBLE FOR ANY AND ALL DAMAGE WHICH MAY OCCURE TO ADJACENT PROPERTIES DURING DEMOLITION AND THE PROPERTY OWNER HAS FULLY REVIELED ALL INFORMATION OF THE STRUCTURE AND SURROUNDING PROPERTIES TO THE BEST OF THEIR KNOWLEDGE.

Signature of property owner: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR TOWNSHIP USE ONLY

PERMIT NUMBER: \_\_\_\_\_

Permit Fee: \$ 25.00

State Fee: \$ 2.00

Total Cost: \$ 27.00

Receipt No: \_\_\_\_\_

Conditions/ Comments:

☐ Approved ☐ Denied

Zoning Officer \_\_\_\_\_ Date: \_\_\_\_\_

Date of demolition completion: \_\_\_\_\_ Inspector: \_\_\_\_\_